

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 14 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2155

State File No. _____

Registration District No. 148

Primary Registration District No. 4082

Registrar's No. 3

1. PLACE OF DEATH

- (a) County Cass
(b) City or town Belton
(c) Name of hospital or institution 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

8. (a) PRINT FULL NAME WICKLIFFE W. WALTMIRE

3. (b) If veteran, name war _____
8. (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Adda Waltmire
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased April 10 1856
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>9</u>	<u>4</u>	hr. _____ min.

9. Birthplace Premont, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Ret. Farmer

11. Industry or business

12. Name Jerome Waltmire
13. Birthplace Switzerland
(City, town, or county) (State or foreign country)
14. Maiden name Jane Bennett
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant George Waltmire

(b) Address Raymore, Mo.

17. (a) Burial (b) Date thereof June 17, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Raymore, Mo.

18. (a) Signature of funeral director B. R. George & Sons

(b) Address Belton, Mo.

19. (a) 1-17-41 (b) R. M. Miller
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Cass 19
(c) City or town Belton 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14th
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Jan 14 1941 to Jan 14 1941;
that I last saw her alive on Jan 14 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia 2 days

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 107

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 14

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature R. M. Miller (M. D. or other) 19.0
Address Belton, Mo.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.,
working under my personal supervision.

Signed.....

A. H. George

Licensed Embalmer No. *3645*

P. O. Address *Seaboard, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.